



Regular Drill

FIRE DRILL EVALUATION

LS Interim Plan Drill

Date:	Facility Address:	Program:	Shift:
Time:	Location of Fire in Facility:		Type of Signal:
Instructions: Please complete this form: <ul style="list-style-type: none"> Monthly in RT and the Schools Bi-annually for Foster Families Annually in all business sites and sites where clients are served 		Documentation: Please process this form as follows: <ul style="list-style-type: none"> Keep original in your EC binder. If form is used during Interim Plan, keep original in the LS Interim Plan Binder Send a copy to the Agency's Administrative Assistant at 100 Poplar. 	

Section 1: Alarm Company Information			
Alarm Company Name:	Phone Number:	Technician/Operator's Name:	
Time system put on test:	Did the alarm company receive the signal? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Time Alarm Company received signal?	The time system taken off test:		
Section 2: Fire Drill Review Information			
	YES	NO	N/A
A. Did employees evacuate the clients and guests appropriately?			
B. Did employees activate the fire alarm?			
C. Did employees close all windows and doors in room?			
D. Did employees obtain fire extinguishers while evacuating?			
E. Do employees know how to use the fire extinguisher (P.A.S.S.)?			
F. Do employees know how to properly evacuate (R.A.C.E.)?			
G. Did employees hear the alarm?			
H. Did all employees evacuate the building?			
I. Did everyone evacuate to the appropriate assembly area?			

Section 3: Training			
All Staff should be trained on the following:			
RACE	R Rescue anyone in immediate danger A Alarm, pull the nearest fire alarm C Contain, close all windows and doors as you evacuate the building E Evacuate the building and close all doors	PASS	P Pull the pin on the fire extinguisher A Aim at the base of the fire S Squeeze the handle S Sweep using a side-to-side motion

Section 4: Critique			
A. Approximate time it took ALL to evacuate (minutes: seconds)? Time:		YES	NO
B. Did staff bring the client roster, and any necessary emergency supplies?			
C. Was a head count taken?			
D. Was an "All Clear" ordered before re-entering building?			

Section 5: Comments

Section 6: Review/Approval			
Drill completed by (Print):	Fire Drill: Pass or Fail? Pass Fail	Re-Schedule Fire Drill Date:	
Fire Drill Conductor Signature:			Date: